

IN THE UNITED STATES BANKRUPTCY COURT
FOR THE EASTERN DISTRICT OF VIRGINIA

In re:

Circuit City Stores, Inc., et al.,
Debtors

Case No.: 08-35653-KRH
(Chapter 11)

**CLAIMANT JAMES ROLLINS' RESPONSE TO DEBTORS' SEVENTY-NINTH OMNIBUS
OBJECTION TO CLAIMS (DISALLOWANCE OF CERTAIN LEGAL CLAIMS)**

Now comes the Claimant, James L. Rollins ("Rollins"), and hereby responds to the Debtors' attempt to disallow his legal claim in this matter. As grounds therefor, and in support of his Response, Rollins states as follows:

1. James L. Rollins, is an individual residing in Massachusetts.
2. Rollins sustained serious injuries to his right knee on January 28, 2008 while shopping at the Circuit City store located at 8B Allstate Road, in Dorchester (Boston), Massachusetts. Rollins contends that his injuries were the result of negligence on the part of Circuit City. Specifically, Rollins tripped on the base of a display rack that was protruding out into the aisle, thereby posing an unreasonably dangerous hazard to members of the public. (See Claim Letter at Exhibit 1).
3. As a result of this incident, Rollins was transported by ambulance to the hospital where he was examined and diagnosed with a knee sprain. The doctors determined that he would require an MRI to rule out a more serious pathology of his right knee. He was given a knee immobilizer and advised to see his primary care physician for follow-up. Rollins was seen two days later (1/30/08) by his PCP. He was referred for an MRI and an orthopedic assessment. Before those could be scheduled, Rollins reported to the emergency room at Massachusetts General Hospital (2/01/08) for worsening right knee pain. An MRI (2/03/08) showed a tear of the posterior horn and body of medial meniscus, a full thickness tear of medial collateral ligament (at the femoral attachment site), cartilaginous changes of the medial tibiofemoral and patellofemoral compartments, and moderate joint effusion with synovitis. Rollins was seen by an orthopedic specialist (2/06/08) and advised that surgery may be indicated if his symptoms persisted. Rollins was started on a course of physical therapy which did not substantially relieve the symptoms in his right knee. Rollins underwent arthroscopic surgery on his right knee on September 11, 2008. He continues to have pain and an impairment of his knee. (See Medical Records at Exhibit 2).
4. Rollins has incurred medical bills totaling approximately \$29,339.58. (See Medical Bills at Exhibit 3).
5. On March 7, 2008, Rollins forwarded a demand for settlement relative to this matter to Specialty Risk Services, the liability insurance carrier for Circuit City Stores, Inc., the debtor herein. (See Letter at Exhibit 4).

6. Specialty Risk Services denied Rollins' claim on May 1, 2008. (See Letter at Exhibit 5).
7. On information and belief, Specialty Risk Services has a liability insurance policy applicable to the loss alleged by Rollins.
8. At the time of the incident, and as referenced throughout his medical records, Rollins was living in a veterans' homeless shelter. Rollins did not receive the Notice to Creditors and was not aware of the pending bankruptcy matter until early in 2010. He then promptly and in good faith filed a Proof of Claim with the Bankruptcy Court. (See Proof of Claim at Exhibit 6). Accordingly, Rollins' late filing of the Proof of Claim was due to excusable neglect.
9. There is no prejudice to the debtor associated with the claimant's late filing of his Proof of Claim because there are numerous similarly situated claimants whose claims have not yet been resolved, and because there may be a liability insurance policy that would cover this claim. There would be, however, substantial prejudice to the claimant if his claim is disallowed because he has (a) a meritorious and justiciable claim; and (b) serious injuries and damages due to the debtor's alleged negligence.

WHEREFORE, the claimant, James Rollins, respectfully requests that the debtors' Objection be overruled, and that the claimant be permitted to pursue his claim through the bankruptcy proceeding.

Respectfully submitted,
By his Attorneys,

KECHES LAW GROUP, P.C.


CHARLOTTE E. GLINKA
BBO # 559117
122 Dean Street
Taunton, MA 02780
Tel. (508) 822-2000
Fax (508) 822-8022
email: cglinka@kecheslaw.com

DATED: July 14, 2010
Resp-DebtObj

CERTIFICATE OF SERVICE

I, Charlotte E. Glinka, of the Keches Law Group, P.C., counsel for the Claimant, James L. Rollins, hereby certify that on this 14th day of July, 2010, I served the following: **Claimant James L. Rollins Response to Debtors' Seventy-ninth Omnibus Objection to Claims (Disallowance of Certain Legal Claims)** by forwarding copies of same by overnight mail to:

Gregg M. Galardi, Esq.
Ian S. Fredericks, Esq.
Skadden, Arps, Slate, Meagher & Flom, LLP
One Rodney Square
Wilmington, DE 19899

Douglas M. Foley, Esq.
Sarah B. Boehm, Esq.
McGuire Woods, LLP
One James Center
901 E. Cary Street
Richmond, VA 23219

Chris L. Dickerson, Esq.
Skadden, Arps, Slate, Meagher & Flom, LLP
155 North Wacker Drive
Chicago, IL 60606


CHARLOTTE E. GLINKA *dkel*

CerlSvc-1

Attorney at Law

**LAW OFFICES OF
GILBERT R. HOY, JR.
15 NORTH BEACON STREET
ALLSTON, MA 02134**

**TELEPHONE: 617-787-3700
FAX: 617-787-3701
GILBERTHOY@MSN.COM**

February 1, 2008

BY FAX and FIRST CLASS MAIL

Ms. Lisa Griffith
Claims Department
Specialty Risk Services
P.O. Box 799
Marlton, NJ 08053
(800) 630-0746 ext. 54482
Fax: (856) 985-0469

Re: My Client: Mr. James Rollins
Your Insured: Circuit City Stores, Inc.
Your Claim No.: YLB49189L
My File No.: 08-112
Date of Loss: January 28, 2008

Dear Ms. Griffith:

As I believe that you are aware, this office represents Mr. James Rollins, a 50 year-old resident of Roxbury, MA, with respect to the above-referenced bodily injury claim. In that regard, please direct all future communications with respect to my client's bodily injury claim to my attention.

Your insured's liability is clear.

On January 28, 2008, my client was a customer at the Circuit City store located at 8b Allstate Road, in Dorchester, MA. While shopping, Mr. Rollins tripped on the base of a display rack that was protruding out into the aisle, which caused significant injuries. This condition was unreasonably dangerous, constituted a hazard to customers, and should not have been permitted to exist on your insured's premises.

As a result of his fall, Mr. Rollins sprained his right knee which was immobilized with a removable case. He now requires the use of crutches to assist in his mobility as a result of the sprain.

GILBERT R. HOY, JR.

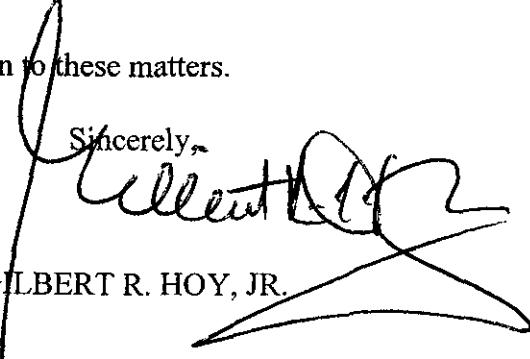
Ms. Lisa Griffith
February 1, 2008
Page 2

I will provide you with copies of my client's medical records and bills as I receive them.

In the interim, and pursuant to M.G.L. c. 175, Section 112C, please provide me with the limits of any liability and/or medical payments coverages available to your insured.

Thank you for your attention to these matters.

Sincerely,


GILBERT R. HOY, JR.

GRHJ/mpn
cc: Mr. James Rollins

Attorney at Law

**LAW OFFICES OF
GILBERT R. HOY, JR.
15 NORTH BEACON STREET
ALLSTON, MA 02134**

TELEPHONE: 617-787-3700
FAX: 617-787-3701
GILBERTHOY@MSN.COM

March 7, 2008

Ms. Lisa Griffith
Account Consultant
Specialty Risk Services
P.O. Box 799
Marlton, NJ 08053-0799
(800) 630-0746 ext. 54482
Fax: (866) 913-4535

Re: My Client: Mr. James Rollins
Your Insured: Circuit City Stores Inc.
Your Claim No.: YLB49189L
My File No.: 08-112
Date of Loss: January 28, 2008

Dear Ms. Griffith:

Please recall that this office represents Mr. James Rollins with respect to his bodily injury claim.

In that regard, I am now able to provide you with copies of some of my client's medical bills and records.

Boston Medical Center Emergency Room and Ambulance

Specifically, I am enclosing a copy of the medical records for the Emergency Room treatment that Mr. Rollins received on the day of the accident, namely January 28, 2008. I am also enclosing a copy of the ambulance bill for \$892.00, the hospital bill for \$1,295.50, and the Emergency Room Physician's bill for \$196.00.

The Boston EMS ambulance report documents that Mr. Rollins sustained an injury to his knee after tripping at Circuit City and falling on his knee. His knee was swollen and bruised.

GILBERT R. HOY, JR.

Ms. Lisa Griffith
March 7, 2008
Page 2

The Department of Emergency Medicine Final Report documents that Mr. Rollins was transported to the Boston Medical Center by ambulance after a slip and fall. He complained of knee pain in his right knee, which he rated at 9 out of 10, on a 1-10 scale, with 10 being the worst pain possible. My client had no pain in his hip, foot or ankle. Mr. Rollins had x-rays of his knee done, and he was diagnosed as having a sprain. His knee was wrapped, and he was given crutches to help him walk. The Emergency Room Doctor also gave my client prescriptions for Ibuprofen and Ultram.

In the Discharge Instruction note that Mr. Rollins received, he was advised to ice his knee 3 times a day and to keep it elevated. He was also advised to follow up with his Primary Care Physician and that he would need an MRI done on his knee. The Doctor also instructed Mr. Rollins to return to the Emergency Room if his pain had not improved in 3-4 days.

The Final Report from the Department of Radiology notes that there was no fracture or dislocation of Mr. Rollins' knee. There was tricompartmental moderate degenerative change with osteophytes and joint space narrowing. Mr. Rollins demonstrated a small suprapatellar joint effusion.

Massachusetts General Hospital

I am also enclosing a copy of the records that I have received to date for the treatment that Mr. Rollins received at the Massachusetts General Hospital on February 1 and 3, 2008.

On February 1, 2008, Mr. Rollins went to the Emergency Room with complaints of pain in his right knee. The Discharge Note documents that he was given an x-ray, which was negative for a fracture or dislocation. My client was also given Tylenol and Oxycodone for his pain. He was told to follow up with the Orthopedic Sports Clinic and he was scheduled for an MRI on February 3, 2008.

The Radiological Consultation from Mr. Rollins' February 3, 2008 MRI documents that he had a moderate joint effusion with synovitis. He also had a free margin tear of the posterior horn of his medial meniscus with a horizontal component extending into the body. His lateral meniscus was unremarkable. Also, the fibers of his medial collateral ligament were disrupted, with thickening and increased signal, consistent with a full thickness tear at the femoral attachment site. There was no evidence of fracture in the bone.

GILBERT R. HOY, JR.

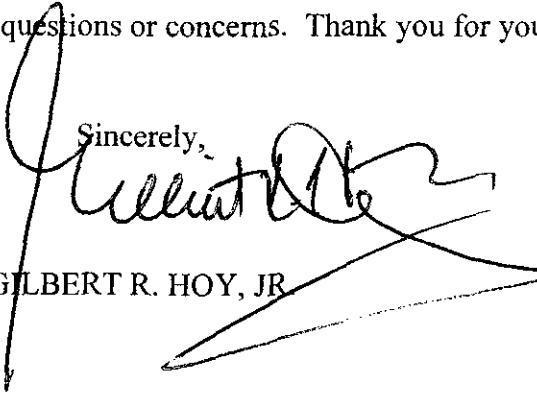
Ms. Lisa Griffith
March 7, 2008
Page 3

The radiologist diagnosed Mr. Rollins as having a tear of the posterior horn and body of his medial meniscus and a full thickness tear of the medial collateral ligament. He also had cartilaginous changes of his medial tibiofemoral and patellofemoral compartments. My client also exhibited moderate joint effusion with synovitis and a ruptured small Baker cyst.

I will continue to provide you with copies of my client's medical records and bills as I receive them.

Please call if you have any questions or concerns. Thank you for your attention to these matters.

Sincerely,



GILBERT R. HOY, JR.

GRHJ/lrp
Encs.
cc: Mr. James Rollins (w/o encs.)

BOSTON MEDICAL CENTER

BOSTON MEDICAL CENTER
PO BOX 845235

PAGE: 1

BOSTON, MA 02284-5235

Statement on: 02/14/08 at 02:44 PM

Guarantor: ROLLINS JAMES
8 SHABAZZ WAY
ROXBURY, MA 02119-0000Patient: ROLLINS JAMES
Visit #: 159931138
AR Seg: 01/28/08 to 01/28/08

Date	Svc Code	Description	Units	Debits	Credits
01/28/08	10322999	BLS EMERGENCY AMBULAN	1	850.00	
01/28/08	10362999	BLS AMBULANCE MILEAGE	4	42.00	
* - Not posted				Balance:	892.00

BILLING RECORDS CERTIFICATION

Pursuant to MGL chapter 233 section 79G, I hereby certify
 that the attached records are a true and complete copy of
 the charges for medical care provided to the above-referenced
 individual at the place and on the date indicated.

Subscribed and sworn to under the pains and penalties of

Perjury this 14th day of February 2008.

James Island
 Keeper of the Records
 Billing Department
 Boston Medical Center

Guarantor: ROLLINS JAMES
8 SHABAZZ WAY
ROXBURY, MA 02119-0000

Patient: ROLLINS JAMES
Visit #: 159659176
AR Seg: 01/28/08 to 01/28/08

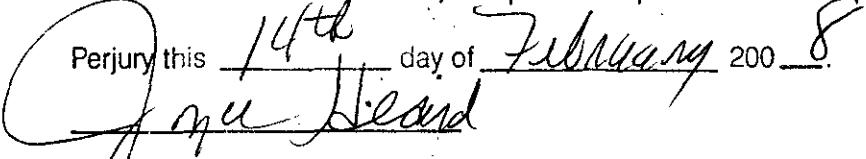
Date	Svc Code	Description	Units	Debits	Credits
01/28/08	12512303	TAB; TRAMADOL 50MG	1	0.50	
01/28/08	29530550	STRAPPING; KNEE	1	209.00	
01/28/08	73564880	KNEE; 4/+V	1	669.00	
01/28/08	90382550	UCC VISIT EXPAND PROB	1	417.00	
* - Not posted				Balance:	1295.50

BILLING RECORDS CERTIFICATION

Pursuant to MGL chapter 233 section 79G, I hereby certify that the attached records are a true and complete copy of the charges for medical care provided to the above-referenced individual at the place and on the date indicated.

Subscribed and sworn to under the pains and penalties of

Perjury this 14th day of February 2008


Joy Head
Keeper of the Records
Billing Department
Boston Medical Center

BOSTON EMERGENCY PHYSICIANS FOUNDATION

MCKESSON

Empowering Healthcare
2600 Horizon Dr. S.E.
Grand Rapids, Mi. 49546

Certification of Authenticity Of Duplicate Bills

I, Tim Visser custodian of the billings for
McKesson Corporation do hereby certify that the attached photo copies
of the bill(s) relative to James Rollins from the period
beginning date of 1-28-08 to ending date of Present,

have been compared with the originals on file and are complete, legible
& accurate duplicates of the original bills on file consisting of 1
number of pages.

It is also to be noted that the following charges are reasonable amounts
actually charged for the necessary & appropriate medical services
rendered

Subscribed & sworn to this 19th day of February 2008

Signed

Tim Visser

Printed

Tim Visser

Billing Custodian

DETAIL ACCOUNT PRINT OUT
USER-ID.: 3124
INITIALS: ATV
02/14/2008

BOSTON EMERG PHYSICIANS FOUNDATION INC

PO BOX 414402
BOSTON, MA 02241

(866) 898-7142

***** 0022786286 *****

ACTUAL DTE OF SERV: 01/28/2008

NAME * JAMES ROLLINS
R-PARTY * JAMES ROLLINS
ADDRESS * 8 SHABAZZ WAY
*
* BOSTON, MA 02119

BDOS.....: 02/02/2008
DOB...: 08/12/1956
RP PHONE.: (617)999-0577

FAC 0496 * BOSTON MEDICAL CENTER URGENT CARE
DOCTOR * STYLIANOS MAHERAS, MD
TAX ID * 043286156

PT SSN:
RP SSN:

* NEXT BILLING DATE 4/12/2008
* FINANCIAL CLASS 0004 WORKERS COMPENSATION - INITI CYCLE # 01

INS-INFO * PRIMARY INS...:00119837 0018 STOP AND SHOP
* 08 WORK COMP REQUESTED: 02/12/2008 FILED: 02/13/2008
* POLICY NUMBER :
* SECONDARY INS.:00000000 0000 REQUESTED: FILED:
* POLICY NUMBER :

DIAGNOSIS *

TIME IN * 20:39 TIME OUT * 22:48 SENT HOME
CHRT LOC * MED REC NUMB :3574262

SEQ	ADOS	TYPE PROC	AMOUNT	DIAG	DESC
1	01/28/2008		196.00		EMERGENCY DEPARTMENT VISIT C2902

ACCOUNT BALANCE: \$196.00

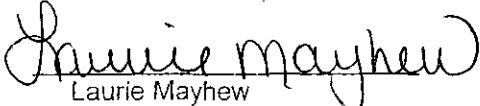
**BOSTON UNIVERSITY
MED CTR RADIOLOGY**

Certification Pursuant to
Massachusetts General Laws Chapter 233, Sec. 79G

Boston University Med Ctr Radiology, Inc. rendered services to James Rollins
and the following is an itemized billing of services.

<u>Date(s) of Treatment</u>	<u>Amount</u>
1/28/08	33.00

Subscribed and sworn to under the pains and penalties of perjury this 1 day of July, 2008,
2008, by:


Laurie Mayhew
Accounts Receivable Specialist

GILBERT R HOY JR
15 NORTH BEACON ST
ALLSTON, MA 02134

1500

HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE 08/05

5210DBC
1mayhew

PICA

1. MEDICARE (Medicare #)		MEDICAID (Medicaid #)		TRICARE CHAMPUS (Sponsor's SSN)		CHAMPVA (Member ID#)		GROUP HEALTH PLAN (SSN or ID)		FECA BLK LUNG (SSN)		OTHER (ID)		1a. INSURED'S I.D. NUMBER (For Program in Item 1)													
2. PATIENT'S NAME (Last Name, First Name, Middle Initial) ROLLINS, JAMES												3. PATIENT'S BIRTH DATE MM DD YY 08 12 1956 <input checked="" type="checkbox"/> M <input type="checkbox"/> F		4. INSURED'S NAME (Last Name, First Name, Middle Initial) ROLLINS, JAMES													
5. PATIENT'S ADDRESS (No., Street) 8 SHABAZZ WAY												6. PATIENT RELATIONSHIP TO INSURED Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input checked="" type="checkbox"/>		7. INSURED'S ADDRESS (No., Street) 8 SHABAZZ WAY													
CITY BOSTON						STATE MA						8. PATIENT STATUS Single <input type="checkbox"/> Married <input type="checkbox"/> Other <input type="checkbox"/> Employed <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Student <input type="checkbox"/> Student <input type="checkbox"/>		CITY BOSTON		STATE MA											
ZIP CODE 02119		TELEPHONE (Include Area Code) (617) 9990577										ZIP CODE 02119		TELEPHONE (Include Area Code) (617) 9990577													
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial) ROLLINS, JAMES												10. IS PATIENT'S CONDITION RELATED TO: a. EMPLOYMENT? (Current or Previous) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		11. INSURED'S POLICY GROUP OR FECA NUMBER													
a. OTHER INSURED'S POLICY OR GROUP NUMBER 025465937												b. INSURED'S DATE OF BIRTH MM DD YY M <input type="checkbox"/> F <input type="checkbox"/>		SEX M <input type="checkbox"/> F <input type="checkbox"/>													
b. OTHER INSURED'S DATE OF BIRTH MM DD YY SEX M <input type="checkbox"/> F <input type="checkbox"/>												c. OTHER ACCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		b. EMPLOYER'S NAME OR SCHOOL NAME GILBERT R HOY JR													
c. EMPLOYER'S NAME OR SCHOOL NAME												c. INSURANCE PLAN NAME OR PROGRAM NAME GILBERT R HOY JR		d. IS THERE ANOTHER HEALTH BENEFIT PLAN? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <i>If yes, return to and complete item 9 a-d.</i>													
d. INSURANCE PLAN NAME OR PROGRAM NAME COMMERCIAL INSURANCE												10d. RESERVED FOR LOCAL USE		13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.													
READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM.												14. DATE OF CURRENT ILLNESS (First symptom) OR INJURY (Accident) OR PREGNANCY(LMP) MM DD YY		15. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS. GIVE FIRST DATE MM DD YY		16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY											
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.												17. NAME OF REFERRING PROVIDER OR OTHER SOURCE WILLIAM FERNANDEZ MD		17a. <input type="checkbox"/>		18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM 01 28 2008 TO MM DD YY MM DD YY											
19. RESERVED FOR LOCAL USE												17b. NPI 1073589255		20. OUTSIDE LAB? \$ CHARGES <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO													
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate Items 1, 2, 3 or 4 to Item 24E by Line)												22. MEDICAID RESUBMISSION CODE		23. PRIOR AUTHORIZATION NUMBER													
1. V71.4												3. 4.		4. 5.													
24. A. DATE(S) OF SERVICE From MM DD YY To MM DD YY												B. PLACE OF SERVICE EMG		C. D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS		E. DIAGNOSIS MODIFIER POINTER		F. \$ CHARGES		G. DAYS OR UNITS		H. EBOT Family Plan		I. I.D. QUA.		J. RENDERING PROVIDER ID. #	
1 ZZTIME: 09:27pm 01 28 08 01 28 08 23												73564		26 RT GC		1		33 00		1		NPI		1154398139			
2																											
3																											
4																											
5																											
6																											
25. FEDERAL TAX I.D. NUMBER 04-3283573												SSN EIN <input type="checkbox"/> X		26. PATIENT'S ACCOUNT NO. A229920371		27. ACCEPT ASSIGNMENT? (For govt. claims, see back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		28. TOTAL CHARGE \$ 33 00		29. AMOUNT PAID \$ 0 00		30. BALANCE DUE \$ 33 00					
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.) KOZA, DOUGLAS J. MD												32. SERVICE FACILITY LOCATION INFORMATION MENINO EMERGENCY 818 HARRISON AVE BOSTON, MA 02118		33. BILLING PROVIDER INFO & PH # 1-(800)-456-1552 BOSTON UNIV MED CTR RADIOLOGIS PO BOX 414407 BOSTON, MA 02241-4407													
SIGNED 07 01 2008 DATE												a. <input type="checkbox"/> b. <input type="checkbox"/>		a. <input type="checkbox"/> b. <input type="checkbox"/>													

**HARVARD VANGUARD
MEDICAL ASSOC.**

ITEMIZED STATEMENT OF CHARGES

I hereby certify that the enclosed is a fair and reasonable statement of the charges for the services provided or arranged for this patient.

This statement is made under the pains and penalties of perjury.

This 14th day of December 2009.

Carol Rancourt
Authorized Signature

Carol Rancourt
Patient Billing

HARVARD VANGUARD MEDICAL ASSOC
P.O. BOX 415432

BOSTON, MA 02241-5432

12 20 09

35242

800-898-7980

JAMES L ROLLINS
P.O. BOX 3932

HARVARD VANGUARD MEDICAL ASSOC
P.O. BOX 415432

ATTLEBORO, MA 02703

BOSTON, MA 02241-5432
Tax ID#: 043397450

10.00

CLAIM#91	(Continued)		
01/03/08	1068	PAYMENT (HPHC)	0.00
11/30/07	M476 82565	LAB SERVICES	21.00
11/30/07	1053	CAPITATION ADJ	-21.00
01/03/08	1068	PAYMENT (HPHC)	0.00
11/30/07	M476 84460	LAB SERVICES	22.00
11/30/07	1053	CAPITATION ADJ	-22.00
01/03/08	1068	PAYMENT (HPHC)	0.00
11/30/07	M476 99214	OFFICE VISIT	287.00
11/30/07	1053	CAPITATION ADJ	-277.00
01/03/08	1068	PAYMENT (HPHC)	0.00
04/28/08	2135	BD WRITE-OFF [COPAYMENT AMT DUE]	-10.00
11/30/07	M476 93000	EKG	99.00
11/30/07	1053	CAPITATION ADJ	-99.00
01/03/08	1068	PAYMENT (HPHC)	0.00
		Claim Balance Due*****	0.00

CLAIM#92

For the Amount of : 0.00

Billed To: HPHC-FI

On 02/04/08

PATIENT: 955973 - ROLLINS, JAMES L

01/30/08	1406 99214	OFFICE VISIT	287.00
01/30/08	1047	PAYMENT (PT/CCARD)	-10.00

HARVARD VANGUARD MEDICAL ASSOC
P.O. BOX 415432

BOSTON, MA 02241-5432

12 20 09

35242

800-898-7980

JAMES L ROLLINS
P.O. BOX 3932

HARVARD VANGUARD MEDICAL ASSOC
P.O. BOX 415432

ATTLEBORO, MA 02703

BOSTON, MA 02241-5432
Tax ID#: 043397450

10.00

CLAIM#92 (Continued)

01/30/08	1053	CAPITATION ADJ	-277.00
03/06/08	1068	PAYMENT (HPHC)	0.00
01/30/08	1406 99051	OFFICE SVC DURING REGUL*	0.00
02/01/08	1406 82272	LAB SERVICES	15.00
02/01/08	1053	CAPITATION ADJ	-15.00
03/06/08	1068	PAYMENT (HPHC)	0.00
		Claim Balance Due*****	0.00

CLAIM#93

For the Amount of : 0.00

Billed To: HPHC-FI On 02/05/08

PATIENT: 955973 - ROLLINS, JAMES L

01/31/08	6881 99204	OFFICE VISIT	464.00
01/31/08	1014	PAYMENT (PT/CASH)	-10.00
01/31/08	1053	CAPITATION ADJ	-454.00
03/06/08	1068	PAYMENT (HPHC)	0.00
01/31/08	6881 80051	LAB SERVICES	50.00
01/31/08	1053	CAPITATION ADJ	-50.00
03/06/08	1068	PAYMENT (HPHC)	0.00
01/31/08	6881 82043	LAB SERVICES	48.00
01/31/08	1053	CAPITATION ADJ	-48.00
03/06/08	1068	PAYMENT (HPHC)	0.00
01/31/08	6881 80074	LAB SERVICES	159.00

HARVARD VANGUARD MEDICAL ASSOC
P.O. BOX 415432

BOSTON, MA 02241-5432

12 20 09

35242

800-898-7980

JAMES L ROLLINS
P.O. BOX 3932

HARVARD VANGUARD MEDICAL ASSOC
P.O. BOX 415432

ATTLEBORO, MA 02703

BOSTON, MA 02241-5432
Tax ID#: 043397450

10.00

CLAIM#93	(Continued)		
01/31/08	1053	CAPITATION ADJ	-159.00
03/06/08	1068	PAYMENT (HPHC)	0.00
01/31/08	6881 82306	VITAMIN D 25-HYDROXY LC*	75.00
01/31/08	1053	CAPITATION ADJ	-75.00
03/06/08	1068	PAYMENT (HPHC)	0.00
01/31/08	6881 80061	LIPID PROFILE	76.00
01/31/08	1053	CAPITATION ADJ	-76.00
03/06/08	1068	PAYMENT (HPHC)	0.00
01/31/08	6881 81003	URINALYSIS NO RFLX	7.00
01/31/08	1053	CAPITATION ADJ	-7.00
03/06/08	1068	PAYMENT (HPHC)	0.00
		[INCLUSIVE SERVICE-ALL]	
01/31/08	6881 82040	LAB SERVICES	20.00
01/31/08	1053	CAPITATION ADJ	-20.00
03/06/08	1068	PAYMENT (HPHC)	0.00
01/31/08	6881 82565	LAB SERVICES	21.00
01/31/08	1053	CAPITATION ADJ	-21.00
03/06/08	1068	PAYMENT (HPHC)	0.00
01/31/08	6881 83540	LAB SERVICES	27.00
01/31/08	1053	CAPITATION ADJ	-27.00
03/06/08	1068	PAYMENT (HPHC)	0.00
01/31/08	6881 85025	LAB SERVICES	32.00

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10.00

CLAIM#93	(Continued)		
01/31/08	1053	CAPITATION ADJ	-32.00
03/06/08	1068	PAYMENT (HPHC)	0.00
01/31/08	6881 83550	IRON BINDING PROFILE	37.00
01/31/08	1053	CAPITATION ADJ	-37.00
03/06/08	1068	PAYMENT (HPHC)	0.00
01/31/08	6881 84156	PROTEIN, TOTAL URINE	11.00
01/31/08	1053	CAPITATION ADJ	-11.00
03/06/08	1068	PAYMENT (HPHC)	0.00
01/31/08	6881 82570	LAB SERVICES	39.00
01/31/08	1053	CAPITATION ADJ	-39.00
03/06/08	1068	PAYMENT (HPHC)	0.00
01/31/08	6881 84520	UREA NITROGEN BLOOD (BU*)	20.00
01/31/08	1053	CAPITATION ADJ	-20.00
03/06/08	1068	PAYMENT (HPHC)	0.00
01/31/08	6881 84550	LAB SERVICES	21.00
01/31/08	1053	CAPITATION ADJ	-21.00
03/06/08	1068	PAYMENT (HPHC)	0.00
01/31/08	6881 83970	LAB SERVICES	170.00
01/31/08	1053	CAPITATION ADJ	-170.00
03/06/08	1068	PAYMENT (HPHC)	0.00
01/31/08	6881 84100	LAB SERVICES	20.00
01/31/08	1053	CAPITATION ADJ	-20.00

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10.00

CLAIM#93	(Continued)		
03/06/08	1068	PAYMENT (HPHC)	0.00
01/31/08	6881 82310	LAB SERVICES	22.00
01/31/08	1053	CAPITATION ADJ	-22.00
03/06/08	1068	PAYMENT (HPHC)	0.00
01/31/08	6881 82728	LAB SERVICES	56.00
01/31/08	1053	CAPITATION ADJ	-56.00
03/06/08	1068	PAYMENT (HPHC)	0.00
		Claim Balance Due*****	0.00

CLAIM#94			
For the Amount of :	10.00		
Billed To: HPHC-FI		On	02/11/08
For the Amount of :	10.00		
Billed To: PATIENT		On	04/27/08

PATIENT: 955973 - ROLLINS, JAMES L			
02/06/08	6613 99243	OFFICE CONSULT	414.00
02/06/08	1053	CAPITATION ADJ	-404.00
03/17/08	1068	PAYMENT (HPHC)	0.00
04/29/08	1014	PAYMENT (PT/CASH)	-10.00
		[COPAYMENT AMT DUE]	
02/06/08	6613 L1810	KO ELASTIC W/JOINTS	131.00
02/06/08	1053	CAPITATION ADJ	-131.00
03/17/08	1068	PAYMENT (HPHC)	0.00

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10.00

CLAIM#94 (Continued)

Claim Balance Due***** 0.00

CLAIM#95

For the Amount of : 0.00
Billed To: HPHC-FI On 03/01/08

PATIENT: 955973 - ROLLINS, JAMES L

02/25/08 6881 76770 RETROPERITONEUM US - CO* 394.00
02/25/08 1053 CAPITATION ADJ -394.00
04/03/08 1068 PAYMENT (HPHC) 0.00
Claim Balance Due***** 0.00

CLAIM#96

For the Amount of : 10.00
Billed To: HPHC-FI On 03/17/08

For the Amount of : 10.00
Billed To: PATIENT On 04/27/08

PATIENT: 955973 - ROLLINS, JAMES L

03/12/08 6613 99213 OFFICE VISIT 186.00
03/12/08 1053 CAPITATION ADJ -176.00
04/17/08 1068 PAYMENT (HPHC) 0.00
04/29/08 1014 PAYMENT (PT/CASH) -10.00
[COPAYMENT AMT DUE]
03/12/08 6613 L1810 KO ELASTIC W/JOINTS 139.00
03/12/08 1053 CAPITATION ADJ -139.00

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10.00

CLAIM#96 (Continued)

04/17/08	1068	PAYMENT (HPHC)	0.00
		Claim Balance Due*****	0.00

CLAIM#97

		For the Amount of :	0.00
		Billed To: HPHC-FI	On 03/18/08
PATIENT: 955973 - ROLLINS, JAMES L			
02/25/08	6881 76857	PELVIC US LIMITED	231.00
02/25/08	1053	CAPITATION ADJ	-231.00
04/17/08	1068	PAYMENT (HPHC)	0.00
		Claim Balance Due*****	0.00

CLAIM#99

		For the Amount of :	0.00
		Billed To: HPHC-FI	On 03/29/08
		For the Amount of :	244.00
		Billed To: PATIENT	On 09/27/09
PATIENT: 955973 - ROLLINS, JAMES L			
03/24/08	764* 97001	PHYS THERAPY EVALUATION	254.00
03/24/08	1014	PAYMENT (PT/CASH)	-10.00
04/30/08	1068	PAYMENT (HPHC)	0.00
09/28/09	2135	BD WRITE-OFF [INJURY/LIABILITY]	-244.00
		Claim Balance Due*****	0.00

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10.00

CLAIM#100

For the Amount of :	10.00		
Billed To: HPHC-FI		On	04/02/08
For the Amount of :	145.00		
Billed To: PATIENT		On	09/27/09
PATIENT: 955973 - ROLLINS, JAMES L			
03/28/08	764* 97110 THERAPEUTIC EXERCISE EA*		101.00
04/29/08	1014 PAYMENT (PT/CASH)		-10.00
04/30/08	1068 PAYMENT (HPHC)		0.00
09/28/09	2135 BD WRITE-OFF [INJURY/LIABILITY]		-91.00
03/28/08	764* 97014 ELECTRIC STIMULATION		54.00
04/30/08	1068 PAYMENT (HPHC)		0.00
09/28/09	2135 BD WRITE-OFF [INJURY/LIABILITY]		-54.00
	Claim Balance Due*****		0.00

CLAIM#101

For the Amount of :	10.00		
Billed To: HPHC-FI		On	04/05/08
For the Amount of :	155.00		
Billed To: PATIENT		On	09/27/09
PATIENT: 955973 - ROLLINS, JAMES L			
03/31/08	764* 97110 THERAPEUTIC EXERCISE EA*		101.00

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Tax ID#: 043397450

10.00

CLAIM#101 (Continued)

05/09/08	1068	PAYMENT (HPHC)	0.00
09/28/09	2135	BD WRITE-OFF [INJURY/LIABILITY]	-101.00
03/31/08	764*	97014 ELECTRIC STIMULATION	54.00
05/09/08	1068	PAYMENT (HPHC)	0.00
09/28/09	2135	BD WRITE-OFF [INJURY/LIABILITY]	-54.00
		Claim Balance Due*****	0.00

CLAIM#102

For the Amount of : 10.00
Billed To: HPHC-FI On 04/08/08

For the Amount of : 10.00
Billed To: PATIENT On 09/27/09

PATIENT: 955973 - ROLLINS, JAMES L

04/03/08	764*	97110 THERAPEUTIC EXERCISE EA*	101.00
04/03/08	1053	CAPITATION ADJ	-91.00
05/09/08	1068	PAYMENT (HPHC)	0.00
09/28/09	2135	BD WRITE-OFF [COPAYMENT AMT DUE]	-10.00
04/03/08	764*	97014 ELECTRIC STIMULATION	54.00
04/03/08	1053	CAPITATION ADJ	-54.00
05/09/08	1068	PAYMENT (HPHC)	0.00

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Tax ID#: 043397450

10.00

CLAIM#102 (Continued)

Claim Balance Due***** 0.00

CLAIM#104

For the Amount of : 10.00
Billed To: HPHC-FI On 04/14/08

For the Amount of : 10.00
Billed To: PATIENT On 09/27/09

PATIENT: 955973 - ROLLINS, JAMES L

04/09/08	764* 97110	THERAPEUTIC EXERCISE EA*	101.00
04/09/08	1053	CAPITATION ADJ	-91.00
05/15/08	1068	PAYMENT (HPHC)	0.00
09/28/09	2135	BD WRITE-OFF	-10.00
		[COPAYMENT AMT DUE]	
04/09/08	764* 97014	ELECTRIC STIMULATION	54.00
04/09/08	1053	CAPITATION ADJ	-54.00
05/15/08	1068	PAYMENT (HPHC)	0.00
		Claim Balance Due*****	0.00

CLAIM#105

For the Amount of : 0.00
Billed To: HPHC-FI On 04/16/08

PATIENT: 955973 - ROLLINS, JAMES L

04/11/08	764* 97110	THERAPEUTIC EXERCISE EA*	101.00
04/11/08	1014	PAYMENT (PT/CASH)	-10.00

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Tax ID#: 043397450

10.00

CLAIM#105 (Continued)

04/11/08	1053	CAPITATION ADJ	-91.00
05/15/08	1068	PAYMENT (HPHC)	0.00
04/11/08	764* 97014	ELECTRIC STIMULATION	54.00
04/11/08	1053	CAPITATION ADJ	-54.00
05/15/08	1068	PAYMENT (HPHC)	0.00
		Claim Balance Due*****	0.00

CLAIM#106

For the Amount of :	10.00		
Billed To: HPHC-FI		On	04/21/08

For the Amount of :	10.00		
Billed To: PATIENT		On	09/27/09

PATIENT: 955973 - ROLLINS, JAMES L

04/16/08	6613 99213	OFFICE VISIT	186.00
04/16/08	1053	CAPITATION ADJ	-176.00
05/22/08	1068	PAYMENT (HPHC)	0.00
09/28/09	2135	BD WRITE-OFF [COPAYMENT AMT DUE]	-10.00
		Claim Balance Due*****	0.00

CLAIM#108

For the Amount of :	0.00		
Billed To: HPHC-FI		On	05/04/08

PATIENT: 955973 - ROLLINS, JAMES L

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10.00

CLAIM#108 (Continued)

04/29/08	764*	97002	PHYS THERAPY RE-EVALUAT*	138.00
04/29/08		1014	PAYMENT (PT/CASH)	-10.00
04/29/08		1053	CAPITATION ADJ	-128.00
06/05/08		1068	PAYMENT (HPHC)	0.00
			[INCLUSIVE SERVICE-ALL]	
04/29/08	764*	97110	THERAPEUTIC EXERCISE EA*	101.00
04/29/08		1053	CAPITATION ADJ	-101.00
04/29/08	764*	97014	ELECTRIC STIMULATION	54.00
04/29/08		1053	CAPITATION ADJ	-54.00
			Claim Balance Due*****	0.00

CLAIM#111

For the Amount of : 0.00

Billed To: HPHC-FI On 05/06/08

PATIENT: 955973 - ROLLINS, JAMES L

05/01/08	M476	99396	ADULT ANNUAL PHYSICAL E*	366.00
05/01/08		1014	PAYMENT (PT/CASH)	-10.00
05/01/08		1053	CAPITATION ADJ	-356.00
06/05/08		1068	PAYMENT (HPHC)	0.00
05/01/08	M476	90715	TDAP VACCINE 11-64 YO (*)	51.00
05/01/08		1053	CAPITATION ADJ	-51.00
06/05/08		1068	PAYMENT (HPHC)	0.00
05/01/08	M476	90471	IMMUNIZATION ADMIN (1)	25.00

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BOSTON, MA 02241-5432
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10.00

CLAIM#111 (Continued)

05/01/08	1053	CAPITATION ADJ	-25.00
06/05/08	1068	PAYMENT (HPHC)	0.00
05/01/08	M476 80051	LAB SERVICES	50.00
05/01/08	1053	CAPITATION ADJ	-50.00
06/05/08	1068	PAYMENT (HPHC)	0.00
05/01/08	M476 80061	LIPID PROFILE	76.00
05/01/08	1053	CAPITATION ADJ	-76.00
06/05/08	1068	PAYMENT (HPHC)	0.00
05/01/08	M476 82565	LAB SERVICES	21.00
05/01/08	1053	CAPITATION ADJ	-21.00
06/05/08	1068	PAYMENT (HPHC)	0.00
05/01/08	M476 84460	LAB SERVICES	22.00
05/01/08	1053	CAPITATION ADJ	-22.00
06/05/08	1068	PAYMENT (HPHC)	0.00
05/01/08	M476 83540	LAB SERVICES	27.00
05/01/08	1053	CAPITATION ADJ	-27.00
06/05/08	1068	PAYMENT (HPHC)	0.00
05/01/08	M476 85007	DIFFERENTIAL	17.00
05/01/08	1053	CAPITATION ADJ	-17.00
06/05/08	1068	PAYMENT (HPHC)	0.00
05/01/08	M476 83550	IRON BINDING PROFILE	37.00
05/01/08	1053	CAPITATION ADJ	-37.00

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10.00

CLAIM#111 (Continued)

06/05/08	1068	PAYMENT (HPHC)	0.00
05/01/08	M476 85027	AUTO HEMOGRAM/PLATELET	25.00
05/01/08	1053	CAPITATION ADJ	-25.00
06/05/08	1068	PAYMENT (HPHC)	0.00
05/01/08	M476 82728	LAB SERVICES	56.00
05/01/08	1053	CAPITATION ADJ	-56.00
06/05/08	1068	PAYMENT (HPHC)	0.00
05/01/08	M476 93000	EKG	99.00
05/01/08	1053	CAPITATION ADJ	-99.00
06/05/08	1068	PAYMENT (HPHC)	0.00
		Claim Balance Due*****	0.00

CLAIM#112

For the Amount of : 0.00

Billed To: HPHC-FI On 05/25/08

PATIENT: 955973 - ROLLINS, JAMES L

05/20/08	M476 99213	OFFICE VISIT	186.00
05/20/08	1014	PAYMENT (PT/CASH)	-10.00
05/20/08	1053	CAPITATION ADJ	-176.00
06/26/08	1068	PAYMENT (HPHC)	0.00
		Claim Balance Due*****	0.00

CLAIM#113

For the Amount of : 0.00

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10.00

CLAIM#113 (Continued)

Billed To: HPHC-FI		On	05/25/08
PATIENT: 955973 - ROLLINS, JAMES L			
05/20/08	M476 93000 EKG		99.00
05/20/08	1053 CAPITATION ADJ		-99.00
06/26/08	1068 PAYMENT (HPHC)		0.00
	Claim Balance Due*****		0.00

CLAIM#114

For the Amount of : 0.00		On	05/25/08
PATIENT: 955973 - ROLLINS, JAMES L	Billed To: HPHC-FI		
05/20/08	6881 82043 LAB SERVICES		48.00
05/20/08	1053 CAPITATION ADJ		-48.00
06/26/08	1068 PAYMENT (HPHC)		0.00
05/20/08	6881 80051 LAB SERVICES		50.00
05/20/08	1053 CAPITATION ADJ		-50.00
06/26/08	1068 PAYMENT (HPHC)		0.00
05/20/08	6881 82306 VITAMIN D 25-HYDROXY LC*		75.00
05/20/08	1053 CAPITATION ADJ		-75.00
06/26/08	1068 PAYMENT (HPHC)		0.00
05/20/08	6881 83970 LAB SERVICES		170.00
05/20/08	1053 CAPITATION ADJ		-170.00
06/26/08	1068 PAYMENT (HPHC)		0.00

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Tax ID#: 043397450

10.00

CLAIM#114	(Continued)		
05/20/08	6881 81003	URINALYSIS NO RFLX	7.00
05/20/08	1053	CAPITATION ADJ	-7.00
06/26/08	1068	PAYMENT (HPHC)	0.00
05/20/08	6881 82040	LAB SERVICES	20.00
05/20/08	1053	CAPITATION ADJ	-20.00
06/26/08	1068	PAYMENT (HPHC)	0.00
05/20/08	6881 82565	LAB SERVICES	21.00
05/20/08	1053	CAPITATION ADJ	-21.00
06/26/08	1068	PAYMENT (HPHC)	0.00
05/20/08	6881 83540	LAB SERVICES	27.00
05/20/08	1053	CAPITATION ADJ	-27.00
06/26/08	1068	PAYMENT (HPHC)	0.00
05/20/08	6881 83550	IRON BINDING PROFILE	37.00
05/20/08	1053	CAPITATION ADJ	-37.00
06/26/08	1068	PAYMENT (HPHC)	0.00
05/20/08	6881 85007	DIFFERENTIAL	17.00
05/20/08	1053	CAPITATION ADJ	-17.00
06/26/08	1068	PAYMENT (HPHC)	0.00
05/20/08	6881 84156	PROTEIN, TOTAL URINE	11.00
05/20/08	1053	CAPITATION ADJ	-11.00
06/26/08	1068	PAYMENT (HPHC)	0.00
05/20/08	6881 82570	LAB SERVICES	39.00

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10.00

CLAIM#114 (Continued)

05/20/08	1053	CAPITATION ADJ	-39.00
06/26/08	1068	PAYMENT (HPHC)	0.00
05/20/08	6881 85027	AUTO HEMOGRAM/PLATELET	25.00
05/20/08	1053	CAPITATION ADJ	-25.00
06/26/08	1068	PAYMENT (HPHC)	0.00
05/20/08	6881 84520	UREA NITROGEN BLOOD (BU*)	20.00
05/20/08	1053	CAPITATION ADJ	-20.00
06/26/08	1068	PAYMENT (HPHC)	0.00
05/20/08	6881 84100	LAB SERVICES	20.00
05/20/08	1053	CAPITATION ADJ	-20.00
06/26/08	1068	PAYMENT (HPHC)	0.00
05/20/08	6881 82310	LAB SERVICES	22.00
05/20/08	1053	CAPITATION ADJ	-22.00
06/26/08	1068	PAYMENT (HPHC)	0.00
05/20/08	6881 82728	LAB SERVICES	56.00
05/20/08	1053	CAPITATION ADJ	-56.00
06/26/08	1068	PAYMENT (HPHC)	0.00
		Claim Balance Due*****	0.00

CLAIM#115

For the Amount of : 0.00

Billed To: HPHC-FI

On 06/10/08

PATIENT: 955973 - ROLLINS, JAMES L

HARVARD VANGUARD MEDICAL ASSOC
P.O. BOX 415432

BOSTON, MA 02241-5432

12 20 09

35242

800-898-7980

JAMES L ROLLINS
P.O. BOX 3932

HARVARD VANGUARD MEDICAL ASSOC
P.O. BOX 415432

ATTLEBORO, MA 02703

BOSTON, MA 02241-5432
Tax ID#: 043397450

10.00

CLAIM#115 (Continued)

06/05/08	6881 80051	LAB SERVICES	50.00
06/05/08	1053	CAPITATION ADJ	-50.00
07/10/08	1068	PAYMENT (HPHC)	0.00
06/05/08	6881 82565	LAB SERVICES	21.00
06/05/08	1053	CAPITATION ADJ	-21.00
07/10/08	1068	PAYMENT (HPHC)	0.00
06/05/08	6881 81003	URINALYSIS NO RFLX	7.00
06/05/08	1053	CAPITATION ADJ	-7.00
07/10/08	1068	PAYMENT (HPHC)	0.00
		[INCLUSIVE SERVICE-ALL]	
06/05/08	6881 99213	OFFICE VISIT	186.00
06/05/08	1014	PAYMENT (PT/CASH)	-10.00
06/05/08	1053	CAPITATION ADJ	-176.00
07/10/08	1068	PAYMENT (HPHC)	0.00
		Claim Balance Due*****	0.00

CLAIM#116

For the Amount of : 0.00

Billed To: HPHC-FI

On 06/14/08

PATIENT: 955973 - ROLLINS, JAMES L

06/09/08	763* 93015	EXERCISE STRESS TEST	400.00
06/09/08	1053	CAPITATION ADJ	-400.00
07/17/08	1068	PAYMENT (HPHC)	0.00

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ATTLEBORO, MA 02703

BOSTON, MA 02241-5432
Tax ID#: 043397450

10.00

CLAIM#116 (Continued)

06/09/08	763*	78465	NUCLEAR IMAGING MIBI MU*	1520.00
06/09/08		1053	CAPITATION ADJ	-1520.00
07/17/08		1068	PAYMENT (HPHC)	0.00
06/09/08	763*	78478	HEART WALL MOTION (ADD-*)	298.00
06/09/08		1053	CAPITATION ADJ	-298.00
06/09/08	763*	78480	HEART FUNCTION, (ADD-ON)	298.00
06/09/08		1053	CAPITATION ADJ	-298.00
06/09/08	763*	78890	NUCLEAR MEDICINE DATA P*	245.00
06/09/08		1053	CAPITATION ADJ	-245.00
07/17/08		1068	PAYMENT (HPHC)	0.00
			[INCLUSIVE SERVICE-ALL]	
06/09/08	763*	A9500	PROCEDURE MATERIALS	526.00
06/09/08		1053	CAPITATION ADJ	-526.00
			Claim Balance Due*****	0.00

CLAIM#117

For the Amount of :	10.00		
Billed To: HPHC-FI		On	07/22/08
For the Amount of :	10.00		
Billed To: PATIENT		On	09/27/09

PATIENT: 955973 - ROLLINS, JAMES L

07/17/08	M476 99213	OFFICE VISIT	186.00
07/17/08		1053 CAPITATION ADJ	-176.00